

Georgia Emergency Medical Services
Essential Database Elements
Patient Care Report
May 12, 2006

Agency
Call Date
Unit Response Time
County
EMS VID
Driver/Medic State License Number
Medic 1 State License Number
Service Requested
Incident/Patient Disposition

DOB
Gender
Race
Ethnicity
Report 911
Time Unit Notified
Clinical Area
Provider Impressions
Care Rendered
Cause of Injury
Destination (Dest)
Pulse
Respiration
BP Systolic
BP Diastolic
Location Type

PCR data fields to be validated: Validation consists of blank fields or invalid codes only